2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # S[illegible]408

1. Entity Name
CAREY PLUMBING, INC

Principal Place of Business	Mailing Address
787 CENTER AVE UNIT E HOLLY HILL, FL 32117 US	787 CENTER AVE UNIT E HOLLY HILL, FL 32117 US

DO NOT WRITE IN THIS SPACE

04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3034512
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAREY, BERNARD P
848 CARSWELL AVE.
HOLLY HILL, FL 32117

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☒ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAREY, BERNARD P
STREET ADDRESS	848 CARSWELL AVE.
CITY ST ZIP	HOLLY HILL, FL
TITLE	D
NAME	CULPEPPER, HOWARD
STREET ADDRESS	848 CARSWELL AVE
CITY ST ZIP	HOLLY HILL, FL
TITLE	D
NAME	CAREY, JOHN
STREET ADDRESS	848 CARSWELL AVE
CITY ST ZIP	HOLLY HILL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Bernard P Carey BERNARD P. CAREY 4/26/05 386-253-1768
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTING OFFICER OR DIRECTOR — Date — Daytime Phone #